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## A CASE OF UTERUS SUBSEPTUS.<sup>1</sup>

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WHEN it is remembered that the vagina, uterus, and Fallopian tubes owe their origin to the coalescing, at about the eighth week of embryonic life, of two parallel tubes, it is readily conceivable that a great variety of malformations may be found, originating in a greater or less arrest of development in the union of these so-called ducts of Müller.

An examination of a large number of such cases has revealed the fact, according to Schroeder, that all these various malformations may with very rare exceptions be grouped into five classes. The first of these includes cases in which there is an entire absence, or a merely rudimentary development, of the uterus. In these cases there is apt to be a short vaginal cul-de-sac, although this may be wholly wanting. The second class comprises those in which, while the duct of Müller on one side has developed normally, the other is either entirely wanting or more or less imperfectly developed; the result is that the uterus appears as an oblong cylindrical body terminating in a sharp point above, and curving towards one side or the other of the abdominal cavity. From its upper extremity a Fallopian tube leads to the ovary. The vagina is usually normal. In the third class, both of the ducts of Müller may have developed, but with no union between their adjacent lateral borders. This form is exceedingly rare. The fourth group includes those cases in which both ducts have developed, but in which the lateral adjacent walls have failed, to a greater or less extent, to coalesce, and the result is the existence of a septum, more or less dividing the body of the uterus into two separate cavities or horns. The fifth class embraces those in which the externally normal uterus is found to be divided into two portions by a septum. This division wall may be variously modified; in some cases, although this is very rare, reaching from the os only a short distance towards the inner os, or, as in others, extending so as to divide the whole cavity. In this class, as in the fourth, the vagina may be either single or double.

<sup>1</sup> Read before the Obstetrical Society of Boston.

Dr. Luigi Corazza reports<sup>1</sup> a case in which he found a double vagina and double os uteri, but only a single uterus. There was no appearance whatever within the ora of any existing septum. The subject was a young unmarried girl, seventeen years of age, who died in 1866 of typhus fever. The menstruation had always been regular. At the autopsy a double vagina was found, the left canal being a trifle longer than the right, while the latter was somewhat broader than the former. At the upper extremity of each vagina was an os. The left one admitted of the passage of a very small sound, while an instrument of the ordinary size easily entered the right one. Within the uterine cavity the appearances were in every respect normal. The right os was situated directly opposite the median line of the uterus.

There recently came under my observation in the out-patient department of the Massachusetts General Hospital a patient whose case is still more remarkable than that just mentioned, inasmuch as the vagina, like the uterus in the preceding case, was normal, while there were two distinct and perfect ora. I have been unable to find a similar case on record, although Schroeder in the tenth volume of Ziemssen's *Cyclopædia* states that such a condition is possible; but he gives no record of such a case.

Mrs. —, twenty-five years old, began to menstruate when thirteen years of age. The catamenia, which have always been regular, except when interrupted by pregnancy, last about three days. The first few hours of each catamenial period are accompanied by very severe pain. The patient was married September 17, 1871. The catamenia appeared regularly in October and in November of that year, but during the latter month she became pregnant, and was confined at Alna, Maine, August 6, 1872. The child, a boy weighing seven and a half pounds, was born after a natural and comparatively easy labor of twenty-four hours. Nothing unusual was noticed during the course of labor, except the fact that the first few pains were accompanied by the loss of considerable blood. At the time of the delivery the attending physician stated that the patient had a double uterus. The request for a subsequent examination to verify this opinion was refused. The catamenia did not return between the birth of the first and that of the second child (a boy weighing nine pounds), in Chelsea, July 20, 1873, after a normal labor of eleven hours. The attending physician, as in the first case, noticed the peculiar condition of the uterus, and subsequently asked for an examination, which was, however, refused. The catamenia returned once between this confinement and the birth of her third child (a girl of seven and three fourths pounds), which took place in Charlestown, September 13, 1875, after a somewhat tedious labor of thirty-six hours. The same diagnosis of a double uterus was made, and a request for an examination was again refused.

<sup>1</sup> Schmidt's *Jahrbücher*, Band 148, 1870, page 48.

At the time of her visit to the hospital the patient was nursing this last child, the catamenia not having as yet returned. Her general health was excellent. She complained of nothing except constipation, and the dysmenorrhœa already alluded to.

A vaginal examination showed the vagina to be normal. At its upper extremity two ora could be distinctly seen, the right one appearing like the os of any woman who has borne children, slightly patulous, round, and with an irregular slit on one side. There was a small ulceration at one point. The left os was like that of a virgin. Between the two ora was a band of normal tissue measuring about a third of an inch in width. The sound could be readily introduced into the right os, and by it the length of the uterus was found to be two and a half inches. On bending the sound slightly, it could be easily introduced into the left os. Sounds introduced at the same time through each os were found to have passed into the same cavity. By sharply bending the end of the sound, it could very readily be passed into one os and out at the other. There was no appearance of an inflammatory action having existed at any previous time in the region of the uterus, nor could the patient give an account of the history of any previous uterine disease. A digital examination made per rectum and per vaginam detected nothing abnormal in the size or position of the uterus. A physician, examining the case at the ninth month of pregnancy and recognizing the presence of the two ora, might reasonably have concluded that he was dealing with a case of double uterus, inasmuch as, there being but one uterine cavity, the uterine tumor must have occupied the median line, which would not be the case with a pregnant uterus bicornis or unicornis. An examination made in the non-pregnant state alone could reveal the true condition of things. It is worth noticing that in this case, as in that reported by Corazza, the right os was situated in the median line, directly opposite the centre of the uterus, while the left one was slightly to one side. It was doubtless owing to this fact that the three deliveries in the case just reported took place through the right os. The record of these cases is interesting as showing that a double os does not necessarily indicate any abnormal condition of the uterine cavity above.

In a case, therefore, in which a physician's opinion was asked with reference to the probable duration and mode of termination of pregnancy in a patient whose uterus had two ora, and whose pregnant condition forbade the use of the sounds, the knowledge of the occurrence of such a case as that just cited would materially alter the prognosis which might otherwise be given under such circumstances. The existence of a double os might also readily occasion an error in judging of the stage to which labor had advanced, if the physician should examine hastily one undilated os, without recognizing the existence of

a second os, whose dilatation was more or less completed. This very error was made by the physician who attended the patient, whose case has just been reported, during her first confinement. Examining the left os he gave an opinion that labor had not yet begun, and would not probably begin for some time; while the truth was the first stage was nearly completed, and the child was born soon after the examination was made.

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### PACHYDERMATOCELE OF LEFT LABIUM.

BY ROBERT P. MYERS, M. D., OF SAVANNAH,

*Superintendent of the Georgia Infirmary for Colored Persons.*

JANE GRIFFIN, a negro woman, was admitted to the Georgia Infirmary January 30, 1875. She was about thirty years old, apparently healthy, and with a smooth skin; her weight was about one hundred and thirty-five pounds. Six years ago she discovered, on the lower part of the left labium, a lump of about the size of an ordinary hickory nut. This tumor grew gradually till it reached to her knee. She suffered no inconvenience from the growth. She cooked, washed, and scoured. During the past few years her menses have been irregular. She has had three children, born in 1859, 1861, and 1863. There was no pain in the tumor until the last two years, and it has not at any time been enough to prevent her working as usual.

January 29, 1875, she fell and ruptured the tumor, which bled seriously for about twelve hours. I ordered nourishing food, and, as she was in some pain, twenty grains of bromide of potassium every two hours.

February 8th, I removed the tumor in the presence of the class of the Savannah Medical College; chloroform was administered by Dr. Barnard. The first step in the operation was to transfix the neck of the growth (it was pyriform in shape) with a large bagging needle armed with a double ligature of stout flax twine well waxed, each half being tied separately. The entire neck was cut through close to the labium, on the outside of the ligatures. A little hæmorrhage ensued, six vessels were tied, and after the oozing ceased I sewed the lips together and dressed the wound with carbolized oil (composed of two drachms of pure carbolic acid in eight ounces of boiled linseed oil) on patent lint. The dressing was secured with a T bandage. After the operation the patient recovered well from the shock and from the anæsthesia. Nothing occurred to interrupt the satisfactory progress of the convalescence until a fortnight after the operation. At that time, when the wound was nearly healed, the patient rolled out of bed in the night and made a severe wound in the left gluteal region. This wound sloughed somewhat, and in spite of active efforts to stimulate the patient,



she failed, and died on the 5th of March, twenty-five days after the removal of the tumor.

The tumor was fourteen inches long, six inches wide, and five inches thick ; its weight was nine and a half pounds. Its appearance was very rough, the skin corrugated and resembling elephantiasis, and of a very dark or black color. My friend Dr. J. C. Le Hardy examined it microscopically. He places it among those rare tumors described by Valentine Mott as pachydermatocele, and by Virchow as fibroma molluscum. Were it not for Dr. Le Hardy's opinion I should most assuredly call it fibroma, such as is described on page 551 in Ziemssen's Cyclopædia of the Practice of Medicine, volume x., Diseases of the Female Sexual Organs ; the engraving on the same page represents accurately the appearances of the growth here described.

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#### A CASE OF GESTATION EXTENDING THREE HUNDRED AND SIX DAYS.

BY THOMAS THATCHER GRAVES, M. D. HARV., OF LYNN, MASS.

Miss E., seventeen years old, was married to Mr. H., the mate of a vessel, June 16, 1874 ; she lived with her husband until he sailed, April 8, 1875. Three days before he left home his wife ceased menstruating, and had intercourse each of the two nights following.

About two or three weeks after he left, I was called, as she felt indisposed, and complained of nausea. Judging her to be pregnant, I gave oxalate of cerium, and, as I learned afterwards, with good effect.

I did not hear from her again until about the expiration of nine months, when her sister called, and said that Mrs. H. was having some pain and wanted me to be in readiness to attend her that night, if necessary.

Three weeks after this the sister called again, and to my surprise said that Mrs. H. had not been confined. I visited her that day ; she said that at the expiration of the nine months she had slight pains, and expected to be confined, but she went to sleep, and nothing more occurred. It was then (at the time of my visit) just three hundred days since her husband sailed. I made a careful examination, and established the fact that the woman was pregnant. The os was lying very high, and near the sacrum, but not in the least dilated. The abdomen was very large, but there was no inconvenience therefrom, and indeed Mrs. H. seemed in perfect health. I advised waiting patiently, and visited her daily. In the night of the three hundred and sixth day of pregnancy she sent for me, and after four hours of pretty severe labor she gave birth to a healthy male child weighing ten and a half pounds. The labor was what might be termed a rather dry labor ; otherwise

nothing unusual occurred. The child was very fat, with long fingernails, and plenty of hair; it was very vigorous from its birth.

This case seems to me valuable because the length of the pregnancy is so well authenticated by the date of the patient's last catamenial period and of her last sexual intercourse with her husband, as well as by the fact that she was treated for nausea, and was supposed to be pregnant, within two or three weeks after he left. It is interesting to remark that at the expiration of nine months there were some premonitory symptoms of labor.

Under the Code Napoleon three hundred days are all that is allowed by French law as the extreme length of gestation, and if this lady had been so unfortunate as to be amenable to that law, a divorce might be procured, which would most certainly be unjust; and if unjust in this case, why not in others of a similar character, should they occur?

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## RECENT PROGRESS IN THE PATHOLOGY OF THE NERVOUS SYSTEM.

BY JAMES J. PUTNAM, M. D.

*Pathology of Lead Paralysis.*—Dr. Ernst Remak,<sup>1</sup> of Berlin, has contributed a carefully-drawn summary of the evidence which leads to the view that lead paralysis is to be classed among the diseases, of which infantile paralysis, so called, is the best-known example, dependent upon a lesion of the motor (and trophic?) ganglionic centres in the anterior cornua of the spinal cord, although, to be sure, in cases of lead-poisoning no such lesion has as yet actually been discovered. Even Tanquerel, in 1839, suggested that these paralyzes were probably of spinal origin, from the difficulty of accounting, on any other hypothesis, for the fact that the muscles are attacked so symmetrically, and that of all the muscles innervated by the same nerve a portion only are ordinarily affected, while the rest escape.<sup>2</sup>

In the absence of proof, however, this theory could not stand, and, no better being offered, the lead paralyzes were for some time excluded from among the diseases of the nervous system altogether.

It is plain that the primary seat of the lesion must be either (1) the

<sup>1</sup> Zur Pathogenese der Bleilähmungen, Archiv für Psychiatrie und Nervenkrankheiten, vi. 1, 1875.

<sup>2</sup> As is well known, the most striking example of this is seen in the case of the supinator longus, which, although supplied by the same nerve with the extensors of the hand and fingers, remains unaffected (as was first shown by Duchenne) long after the latter have been paralyzed, and even after other groups of muscles, those of the thenar eminence, the interossei, and the deltoid.

In paralysis of the extensors due to direct injury to the musculo-spinal nerve itself, however, the supinator longus rarely escapes.

muscle; (2) the intra-muscular nerve-terminations (which seem to a certain extent to be physiologically independent of the nerves proper); (3) the nerve-trunk; (4) the spinal cord.<sup>1</sup> With regard to the first view, it is rendered highly improbable by the result of examination of the affected nerves and muscles by electricity. The irritability of the nerve-trunks to the induced (faradic) and direct (galvanic) currents is, namely, in lead paralysis, very much impaired or lost (Erb); the irritability of the muscle itself to the induced current is also impaired or lost, but, on the other hand, for the galvanic current the irritability of the muscle is often greatly exalted (Eulenburg), and its contraction slow and wave-like in character. These conditions, however, are now known to be characteristic of degenerative conditions of nerves and muscles secondary to the lesion of a nerve-trunk itself or to its spinal ganglionic nucleus (infantile paralysis), and are not to be found in primary diseases of the muscles.<sup>2</sup>

With regard to the second theory (Heubel's), no convincing arguments are to be adduced in its favor, and it is not more plausible than that to be supported below.

In favor of the third view is to be mentioned the fact that several observers have found signs of degeneration in the peripheral nerve-trunks; but this might also occur if the lesion were at the nerve-nucleus in the spinal cord, while, on the other hand, supposing the peripheral nerves to be at fault, the difficulty which occurred to Tanquerel, of explaining the distribution of the paralysis, is not readily to be done away with. In the clinical history of certain spinal diseases, however (infantile paralysis, progressive muscular atrophy (?), glosso-labio-pharyngeal paralysis),<sup>3</sup> we find some or all of the essential features of lead paralysis reproduced. The nerve-cells of the cord seem to be grouped together for functional or physiological reasons, the fibres of the nerve-trunks for topographical or physical reasons, and Dr. Remak endeavors to show, by analysis of cases of both lead paralysis and infantile paralysis, that, on the whole, the muscles which are associated in function are associated in disease, whether supplied by the same nerve or not. The supinator longus is thus to be referred to the same group with the biceps and brachialis anticus, the

<sup>1</sup> A fifth theory, that the lesion causing the paralysis is of the sympathetic system, is not now held by many observers, and moreover a case has been reported by Kussmaul and Meyer in which extensive disease of the sympathetic ganglia, due to lead, was unaccompanied by paralysis.

<sup>2</sup> It should be added that the reactions described are not so uniform in character in lead paralysis as in that from nerve-injury, perhaps on account of a simultaneous poisoning of the muscle itself in the former.

<sup>3</sup> The pathological history of these diseases is not exactly identical, and there is some reason to think that the anterior cornua contain both trophic and motor nerve-cells, disease of the former entailing muscular atrophy without causing descending degeneration of the nerves and the tendency to react to electricity in the peculiar manner described above. This is especially true of progressive muscular atrophy, in which the faradic reaction often remains so long as muscular fibre is present.

thenar muscles with the interossei, the peronei with the extensor communis digitorum, etc.

The cause of the predilection of the disease for the nuclei corresponding with the groups of muscles involved in any particular case is still undetermined; but there is some reason to believe that the muscles (that is, primarily the nerve-cells) which are the most severely taxed give out the first. The observations of Manouvriez, though used to prove a different conclusion, should be recalled here as showing that with left-handed painters the left arm is paralyzed more than the right, etc.

The theories of Hitzig<sup>1</sup> and Bäerwinkel, that peculiarities of the circulation in the extensors led to a disproportionate deposition of lead in them, the arteries being also supposed to be made to contract spasmodically by the astringent action of the poison upon their muscular coats, have been thoroughly disproved by Heubel, who has showed that the blood and the muscles contain, after death, comparatively little lead, and further that, the astringent power of the mineral being due to its tendency to combine with albumen, it cannot be supposed to outlive its passage through the stomach. The reason that no changes have as yet been found in the spinal cord in these cases may be that, even when carefully looked for (Westphal, Gombault), they have not been sought in the proper place, inasmuch as a careful comparison of the pathological facts at our disposal makes it probable that the centres for the extensors of the arm lie fairly above the cervical enlargement, those for the ulnar nerve lying at its lowest part, those for the median next above, and those for the biceps and brachialis anticus in the middle.

If these observations are correct, an indication is furnished for galvanizing the upper part of the cord in the treatment of lead paralysis, which indeed Erb, for reasons similar to those here brought forward, has already recommended.

*Lead Colic.* — Important researches into the pathology of this affection have been made recently by Dr. August Frank, at the Bürger-spital in Cologne, where, in the course of a single year, eighty-six cases of lead poisoning presented themselves, furnished mainly by the numerous white-lead factories in the neighborhood. Of these cases, eighty-two were affected with lead colic, the majority for the first time.

It has for some time past been quite generally believed that lead colic is not due to spasmodic contraction of the muscular coat of the intestines, as used to be held, but that it is a true neuralgia, probably of the sensitive intestinal nerves. The present writer goes further, and shows it to be probable that, as in migraine, the starting-point of the neuralgic attack is an arterial spasm,<sup>2</sup> causing a sudden anæmia of the

<sup>1</sup> Hitzig has since abandoned this theory.

<sup>2</sup> This arterial spasm has been shown by Du Bois Reymond to be characteristic of one variety of migraine at least; while in another variety there is perhaps dilatation of the arteries.

tissues in which the sensitive nerves of the viscera are expanded, or perhaps irritating those which Colin has shown to be supplied to the abdominal blood-vessels themselves. These conclusions are drawn from observations upon the state of the radial and, by inference, the abdominal arteries, made with great care by the aid of the sphygmograph. The pulse, both during and in the intervals between the attacks of colic, has a peculiar character, roughly describable as "hard," and marked in the sphygmographic tracings by a curve with a flat top and a very gently inclined descent line, especially towards its lower end, broken by two prominent marks of recoil, one of them close to the summit of the curve. That these peculiarities of the pulse are not due to a loss of elasticity on the part of the artery, from chronic nutritive changes, is shown by the character of the curve itself, the marks of elastic recoil being unusually prominent, and by the facts that they are best marked in fresh cases, that they are absent where the arteries are atheromatous, and that they disappear under the influence of nitrite of amyl. Reasons are given for believing that they arise from an abnormally great tonicity of the muscular coats, which opposes a strong, elastic resistance, both to the dilatation and to the contraction of the artery, the different parts of the arterial system reacting strongly on each other.

Admitting this increased tonicity to be produced by the action of the lead (as was proved by its occurrence in one patient who, for therapeutic reasons, had been taking large doses of lead for some time by the stomach), the next question is whether it is brought about by the direct action of the poison on the arterial muscles, or indirectly through its action upon the vaso-motor nerves or their ganglionic centres. The first of these suppositions is disproved by the experiments of Heubel, which were referred to above; which of the two latter is to be accepted is left undecided. It is believed that during the particular attacks of colic this increased tonicity gives place, for the abdominal arteries, to an absolute local spasm, as already mentioned.

The use of inhalations of the nitrite of amyl, which is known to cause dilatation of the smaller arteries, probably by acting upon either the vaso-motor centres or the vaso-motor nerves, was found to relieve instantly the pain of the attacks of colic, as it often does that of the sympathetico-tonic form of migraine, as well as that of angina pectoris; at the same time the peculiar character of the pulse curve disappeared. The relief was, to be sure, only temporary; but, in the dose of one or two drops, it was found that the inhalations could be repeated as often as was desirable without injurious results.

*The Effects of the External Application of Water upon the Blood-Vessels of the Brain.* — The results of a long and interesting series of experiments upon this subject are given by Dr. M. Schüller.<sup>1</sup> The experiments were performed upon rabbits, in which the vessels of the

<sup>1</sup> Deutsches Archiv für klinische Medizin, ix.

pia mater were watched through a trephine-opening, the quite transparent dura being generally left uninjured, while applications of water of different temperatures were made to larger or smaller areas of the skin by means of compresses, baths, wet-packs, douches, etc. Not to enter into details, it was found that, apart from the passing and, except under the use of the douche, unimportant reflex contraction, or tendency to contraction, which followed the primary irritation of the sensitive nerves, the production of a certain condition of vascular contraction or dilatation upon the surface of the skin induced the reverse condition in the vessels of the cerebral membranes, the intensity of the latter being proportional to both the intensity and the extension of the former. As the final result of either or all of these applications, the cerebral vessels were left more or less contracted. This effect was especially marked after the *prolonged* application of cold water, especially when the wet pack was used, probably, in part at least, because of the physiological action of the cooled blood upon the nervous centres and arterial walls, as well as, after smart rubbing with cold water, the tonic, reflex effect of the sensitive irritation which this process, like the douche, excites, being superadded to the effect of the vascularization of the skin. Under the douche, as well as to a certain extent under the other applications, alternate contractions and dilatations were induced, which, it is believed, must have the effect of pumping the lymph in and out of the lymph-spaces existing throughout the brain, and thereby of furthering the nutritive changes in the nerve-elements. Many and important practical inferences and cautions are finally drawn, sometimes, it seems to us, in a too sanguine spirit; a few of these are summarized as follows:—

“In the practical use of the different applications, attention is to be paid, not only to the above-mentioned physiological indications, but also to the power of endurance of the individual, and the condition of his various organs.

“The applications may be expected to be of service in cerebral disorders of the following general kinds: (1) anæmia; (2) hyperæmia, arterial and venous; (3) mental exhaustion; (4) nervous sleeplessness; (5) febrile sleeplessness.

“For insanity in general, no systematical hydropathic treatment is of avail; but against certain special symptoms it may often be used to advantage.”

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE  
INSANE, 1875.

DR. KIRKBRIDE's reports reflect the opinions and experience of one of the oldest and ablest superintendents in the country, whose writings claim a respectful attention abroad. His position for many years as the head of the first established hospital for the insane in the United States, and as ex-president of the association of superintendents, entitles him to speak with authority concerning the standard of treatment in American hospitals. On this point particularly we will examine the report, as the usual statistics were given in a recent letter to the JOURNAL from its Philadelphia correspondent.

Some very severe and unjust strictures upon our treatment of the insane have recently appeared in *The Lancet*,<sup>1</sup> which were well answered in the JOURNAL for December 9, 1875. A short editorial in *The Lancet*<sup>2</sup> repeats a certain instance of abuse as having occurred in some county asylum, that is, in the insane department of some almshouse, and makes general charges of neglect against the large hospitals of New York and Philadelphia. Whatever may or may not be true of certain overcrowded pauper asylums under political influence and management, nothing to the discredit of the Pennsylvania Hospital should be inferred.

Let us glance at a few facts concerning this hospital. The recoveries in 6748 cases have been fifty per cent., which is a very favorable showing. The current expenses for 1875, with an average of 431 patients, amounted to over \$200,000. The medical staff consists of six physicians, and is therefore fully adequate to the care of the number under treatment. Every evening of the week for nine months, and every other evening during the remaining three months of the year, some form of entertainment is provided in which a large part of the patients participate. Every feasible kind of game or apparatus, or facility for exercise, amusement, and occupation, is afforded, and a constant warfare is maintained against the inertia and ennui engendered by disease or the necessary seclusion of hospital-life. A recent attempt in this direction is somewhat novel, though it may be claimed at sight by some progressive English superintendent. It consists in the establishment of a cooking school and a school for fancy wood-sawing and turning, for printing, and other light mechanical employments for the female patients. A special kitchen and a work-room have been fitted up for these purposes and are in successful operation.

As Fairmount Park is but ten minutes' ride from the hospital, the patients have had the privilege of daily inspecting the progress of affairs on the centennial grounds, and are hoping to profit still more by the great exhibition itself. This statement introduces a brief retrospect of the condition of the insane in the United States during the last hundred years. The first regular provision for the "care and cure of the insane" was made in 1751 by the Provincial Assembly which incorporated the Pennsylvania Hospital, and provided that it should maintain an insane department. The first patient was admitted in February, 1752, and the department has since grown to what we find it in Dr.

<sup>1</sup> Vol. ii., 1875, No. xx.

<sup>2</sup> February 12, 1875.



Kirkbride's charge to-day. There are now seventy-six hospitals in the United States, which will accommodate, when finished, twenty-nine thousand patients.

In reviewing the progress of a hundred years, Dr. Kirkbride declines to present the details of the former neglected condition of the insane for the sake of a startling contrast. This stale custom has been abused. The deleterious effects of the study of early accounts of this sort is seen in the outrageous exaggerations and misstatements of public speakers and writers of fiction, and now and then in errors of a professional publication like *The Lancet*. It has led many to believe that whatever once was now is, and to rely on antiquated sources of information instead of making a personal examination and study of what is now being done for the insane. The quiet but powerful influence of the association of superintendents is alluded to; its first published propositions, in regard to hospital construction and management of the insane having nearly all stood the test of twenty-five years. *The American Journal of Insanity*, which contains a mine of valuable literature in this department, was the first quarterly of the kind in the English language, and still maintains an honorable position among its descendants.

We can only notice further Dr. Kirkbride's statement of the views and practice prevalent in this country in regard to mechanical restraints; and first let us say that we differ from our English brethren through no lack of early or thorough consideration of the question. The occasional use of such restraint in our hospitals is not a "relic of barbarism," but a practice justified, as is universally claimed and believed, by the highest sense of duty and humanity. "The rule in this country," says the report, "is that mechanical restraint only of the mildest kind is ever to be used, that it is very rarely required under any circumstances, and that when used it is to be under the direction of the highest authority in the hospital only, and limited to the very shortest periods. . . . While of an hundred patients ninety and nine may present no reason for the use of mechanical restraint, the fact that it may save life and prevent suffering in the hundredth is deemed sufficient to keep us from insisting on its entire rejection. . . . It is certain that the records recently made by the highest official authorities in England and Scotland show an aggregate of accidents and injuries, including loss of life, and of kinds and varieties rarely known here, which will hardly tempt us to allow any such absolute rule to take the place of a wise and humane study of the necessities of each particular case. . . . Windows without guards and doors without locks may anywhere be adopted if we choose to do so and take the consequences, but the unnecessary loss of even a single life, or the permanent maiming of one person, which sooner or later is sure to occur from such a course, will be sufficient to make the thoughtful ask whether enough has been gained by this plan to counterbalance the painful occurrences which must frequently result from it."

The fact is that the large proportion of private asylums kept for gain, sometimes by unprofessional persons, in England, until very recently gave opportunities for abuses and neglect never afforded by our public hospitals with their various forms of inspection and supervision. The writings of Charles Reade, and other exaggerated and sensational publications, helped to arouse such a state of public feeling that many superintendents were forced, against their

better judgment, to adopt the rule of absolute non-restraint. Some, making a virtue of necessity, have insisted that this strict rule is the perfection of wisdom and humanity. When public opinion shall have so hampered and restricted our superintendents, our surgeons must look to the same authority for rules to govern the application of splints and the performance of amputations, and our hospital physicians for permission to restrain the exhausting violence of delirium tremens or typho-mania.

T. W. F.

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### FOX'S ATLAS OF SKIN DISEASES.<sup>1</sup>

PICTURES of skin diseases may serve two purposes: one of assisting in diagnosis the practitioner who has not had sufficient opportunity to educate his eye by the study of cases, the other of furnishing additional means of illustration to those engaged in teaching. In either case they should be in harmony with the state of dermatology at the time of their publication, representations in color of the surface appearances described in contemporary text-books. Otherwise they may hold the same position to the study of dermatology as a terrestrial atlas of the past century bears to the geography taught to-day.

It is to be feared that some such objection as this may fairly be made to this publication. It is intended to be a reproduction of "the classical work of Willan and Bateman, but completely remodeled, so as to represent fully the dermatology of the present day." This would be a difficult task to accomplish, and even so ready a dermatologist as Dr. Fox has found it so to be. Such attempts to mix new and old can scarcely fail to be unsatisfactory. There was little need of reproducing the old atlas of Willan and Bateman, but an entirely new series of portraits of skin diseases by Dr. Fox could not fail to be valuable and interesting. It is greatly to be regretted, therefore, that he has not made the atlas more closely a book of illustrations to his own well-known work on skin diseases.

As it is, he has, in reproducing the plates of Willan, felt obliged to adhere to the names used by the latter, and to explain in the accompanying descriptions that the annexed titles are wrong in many cases, and that the picture really represents an affection which belongs properly to some other class of diseases. He gives, for instance, in Part II., plates of five kinds of strophulus, an affection of no well-recognized individual standing, and then explains in the accompanying text that the strophulus albidus is properly milium, a disorder of the sebaceous glands, the affections of which are to be illustrated in Part XV., and that strophulus candidus and strophulus volaticus are also misnomers, and are phases of urticaria. What is gained by thus perpetuating names founded on error?

Three parts have thus far been issued, the first illustrating the erythemata and urticaria; the second the varieties of strophulus and roseola; and the third seven kinds of lichen (?). It is proposed to complete the work in seventeen or eighteen monthly parts. The plates are in large folio form, printed by the

<sup>1</sup> *Atlas of Skin Diseases, consisting of a Series of Colored Illustrations, together with Descriptive Text and Notes upon Treatment.* By TILBURY FOX, M. D., London. Philadelphia: Lindsay and Blakiston. 1876.

chromo-lithographic process, and are fair representations of disease. The descriptive text by Dr. Fox is brief but good. He adheres to the views of classification and nomenclature so familiar to readers of his books, which it is not our present purpose to criticise. The work will form a valuable addition to the library of the practitioner, notwithstanding the objections offered above.

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## PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, M. D., SECRETARY.

FEBRUARY 28, 1876. *Excision of the Elbow-Joint by a New Method; Death from Multiple Embolism.* — DR. H. J. BIGELOW reported the case. The patient, a delicate-looking woman, entered the Massachusetts General Hospital for disease of the elbow-joint. She was a confirmed morphine eater, taking from one to two grains daily. The history of the case was that some time previously to her admission to the hospital she had struck her elbow; a swelling resulting from this injury was laid open by a physician, with the result of getting nothing but a little blood. Caries of the joint was found when she entered the hospital, and for this the joint was excised.

The patient did not do well, although she did not complain of pain. On the second day she became unconscious; she rallied, however, for a short time, but then became again unconscious, and died on the third day. She had had some palpitation of the heart, but she took her ether very well during the operation. She had a severe rheumatic attack fifteen years ago.

Dr. Bigelow made a few remarks in connection with the operation in this case. The modern and doubtless the best operation for removal of the elbow is that which avoids any transverse incision, the disadvantage of which is that it cuts across the muscles and fascia uniting the arm with the fore-arm. It is better to preserve this connection as far as possible, and the central longitudinal incision, originally suggested by Park, permits this. In the usual operation, also, the lower end of the shaft of the humerus, with its condyles, is sawed off. It had occurred to Dr. Bigelow that if, as in the present case, the condyles were not diseased, and could be safely left, and only the articulating surface of the humerus removed, the muscles attached to these condyles would remain undisturbed. The condition of the arm after operation would then approximate more nearly that of a case of excision described and figured by himself,<sup>1</sup> wherein he had been able to strip the periosteum from the condyles without disturbing the muscles. The result was that the periosteum reproduced the condyles for muscular attachments, the flattened extremity of the humerus somewhat resembling a closed fist with the fore-finger and little finger extended.

This was imitated in the present case by an operation as follows. After the median incision was made and the ulna cleaned, this bone was sawed partly through, about an inch and a half from the olecranon, and the section com-

<sup>1</sup> Ununited Fracture successfully treated, with Remarks upon the Operation. Periosteal Reproduction of the Condyles of the Humerus after Excision of the Elbow-Joint. By Henry J. Bigelow, M. D., Professor of Surgery in the Medical School of Harvard University. Boston Medical and Surgical Journal, May 30, 1867.

pleted with forceps. The fragment being removed, the humerus could now be dislocated backward. The ulnar nerve was next drawn a little to one side, and the humerus sawed from the bed of this nerve obliquely into the olecranon depression, and similarly on the outside from the external condyle into the same depression.

The whole articulating surface was now readily broken out, leaving the condyles. The orbicular and lateral ligaments being now divided, the fore-arm was dislocated backwards, the radial extremity sawed off, and a few remaining points chipped out with gouge-forceps.

The result seemed an excellent one, and the wound was promising well, when the patient died from widely-diffused embolism.

In the accompanying figure, the dotted lines show the planes of section. By an oblique section of the outer condyle, more bone can be left behind than in front.

DR. FITZ showed the specimens. He said that they were of additional interest, as the history of the case showed that the embolism must have taken place within the three days preceding the patient's death. The left auricle contained a thrombus, softened in the centre, of the volume of the fore-finger, and half as long; it was attached near the auriculo-ventricular septum. The pericardium covering the auricle was firmly united by fibrous adhesions to the corresponding parietal layer.

The curtains of the mitral valve were thickened and calcified, the orifice barely admitting the tip of the little finger. The right ventricle was hypertrophied and dilated moderately, and contained several small, decolorized globular thrombi.

In the right middle cerebral artery, half an inch from its origin, was a recent thrombus completely obstructing the vessel. The island of Reil and the corpus striatum on this side were of exceedingly soft consistence, the color not materially differing from the normal. The rest of the brain showed nothing abnormal.

In the left primary pulmonary artery was an adherent, decolorized, moderately firm clot, not completely obstructing the vessel. The greater part of the upper lobe of the lung on this side was contracted and thickened, containing a large cavity filled with moderately inspissated puriform material. The secondary bronchus proceeding to this region was obliterated; its shape and size were fairly preserved, but its canal was filled with a loose fibrous tissue. In the posterior portion of the right lung were a few recent nodules of hemorrhagic infarction.

At least one third of the left kidney presented a red and yellow opaque appearance, in which tubes were recognized with difficulty; the primary branch



of the renal artery leading to this region was found to be filled with a recent clot. The right kidney contained several wedge-shaped masses of fibrous tissue, depressed below the surface and extending towards the pelvis.

The orifice of the left common iliac artery was completely obstructed by a decolorized embolus, from which a thrombus was continued downward into the femoral and internal iliac.

The left leg was considerably swollen, and the foot livid in patches, particularly on the sole.

The wound of the elbow presented no abnormal appearances, nor was there any evidence of extensive thrombosis of the veins in its vicinity.

*Relaxation of the Ligaments of the Pelvis during Pregnancy.* — DR. JACKSON showed the skeleton of a guinea-pig that he had recently prepared, in which the pubic bones were separated to the extent of from three fourths to seven eighths of an inch, the sacro-iliac articulations also being much relaxed. The animal had been drowned immediately after labor.

Dr. Jackson remarked that too little is said by physiologists and obstetricians upon this interesting subject of relaxation. By some it is regarded as very exceptional, and by others as common. Dr. Eugène Dupuy had recently informed Dr. Jackson that M. Budin, who was for four years an interne at the Maternité in Paris, was in the habit of examining every pregnant woman in the hospital, and always found relaxation; placing the finger upon the inner surface of the symphysis pubis, he found that movements of the body would prove the fact. These observations, Dr. Dupuy stated, were published in the *Comptes Rendus* of the Biological Society of Paris during the past year.

In a considerable number of cases that Dr. Jackson had examined post mortem, there had sometimes been no relaxation whatever, even at the full period; and when it did exist it varied much in degree. In the most marked cases the pubic bones could be moved upon each other, so that the anterior edge of one could be brought almost if not exactly into a line with the posterior edge of the other, the bones nearly overlapping. A preparation from the college museum, on the other hand, was then shown, in which there was no relaxation; the woman died of peritonitis at the full period of gestation, but before labor had commenced.

Where there is a great disproportion between the size of the pelvis and that of the young, we should expect, said Dr. Jackson, to find relaxation. The guinea-pig is large at birth, and may be said to have already arrived at the period of adult life, Dr. Brown-Séquard having observed that it would take solid food and even procreate its species from the day of its birth. Dr. Jackson showed the dried pelvis of a guinea-pig from the society's collection; the animal died of acute disease some time before the full period of gestation, but the pubic bones were already widely separated. The pelvis of a mouse was also shown, with the bones far apart, although gestation was not completed. As it might seem that rodents are especially liable to this relaxation, Dr. Jackson had examined a rat not long ago. The animal was drowned as soon as the young were expelled, but there was no relaxation whatever of any of the pelvic articulations.

At what period of pregnancy relaxation commences Dr. Jackson could not

say ; but he had once found it quite marked in a woman who died of apoplexy at the sixth month.

*Diseased Testicle.* — DR. JACKSON showed the specimen, which he had received from Dr. Pineo, of Hyannis, who had recently removed it. The patient was a healthy man, fifty years of age. The disease was of two years' duration, and painless ; its cause was unknown.

The organ was much enlarged, of a regular, ovoid form, and measured, on the bisected surface, five and one fourth inches in length, and three and one fourth inches transversely. The structure was quite unusual, and differed much from any of the common forms of diseased testicle, there being nowhere, to the naked eye, any trace of the natural tissue in the body of the organ. The upper and larger portion was yellowish, opaque, curdy, and partially broken down, with some intermixture of fibrous tissue. The remainder was somewhat dense, and evidently contained much fibrous tissue, and upon the bisected surface were four or five little cyst-like cavities, varying from the size of a turnip-seed to that of a small pea ; but upon other sections of the organ these last were not found. There was also upon the back of the organ a defined mass, of some size, which to a considerable extent was cartilaginous in structure. The two portions of the organ were defined transversely with remarkable regularity, and almost to a line ; and in the lower portion there was no trace of the opaque material of which the upper almost wholly consisted. The epididymis and vas deferens appeared to be quite healthy. The investing membrane was thickened, and beneath the external surface were seen numerous greatly dilated and tortuous veins.

MARCH 13, 1876. *Adherent Pericardium of long Standing without Symptoms ; Death apparently from Cholæmia.* — DR. MINOT reported the case. The patient was a lady, over eighty-four years old, who had always enjoyed good health during the recollection of her children, and was active for one of her years. During the early part of the last winter she had two or three attacks of jaundice, with pain referred to the back, but not severe. On Sunday, March 5th, she was down-stairs at breakfast and dinner, eating heartily, as was her wont. In the afternoon she had some pain in the back, followed by jaundice ; the latter increased, and became intense the next day (Monday) ; on Tuesday she began to grow somnolent, and she died Wednesday forenoon, free from delirium or coma, although drowsy. She sat up in bed and drank champagne from a glass which she held in her own hand a few hours before her death. The pain was never severe, and was easily quieted by small doses of paregoric. There had never been any heart symptoms, nor the history of any acute disease, so far as her family knew.

DR. FITZ, who made the autopsy, showed the gall-bladder, with the cystic and common bile ducts. The duodenal portion of the latter was distended by a round calculus, nearly three quarters of an inch in diameter, thus forming an elevated tumor projecting into the cavity of the intestine. The cystic duct was widely dilated and its wall was thickened. The gall-bladder presented no abnormal appearances, and contained a considerable amount of dark, viscid bile. The pancreatic ducts were stained with biliary coloring matter.

The various organs and tissues of the body were of a diffused yellow color, and bile escaped from the smaller ducts within the liver.

A moderate degree of chronic interstitial hepatitis was present, and the liver-cells were abnormally granular. The latter change was very marked in the renal epithelium, and hyaline casts and leucine were found in the kidneys.

The pericardial cavity was entirely obliterated by old fibrous adhesions. The walls and cavities of the heart were normal. Several small calcified nodules were observed on the lower surface of the mitral valve. The lungs were oedematous behind, and a limited portion was collapsed. The brain was not examined.

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### THE INTERNATIONAL MEDICAL CONGRESS.

THE mystery which has hitherto enshrouded the proceedings of the committee of arrangements of the centennial medical commission has finally been cleared away by the appearance of a preliminary programme containing an outline of the exercises which are to be held in Philadelphia during the first week of September next. A glance at the list will serve to convey some idea of the labors of the members of this committee during the past months, and also the necessity for the discreet silence which has thus far been preserved.

The chief business of the general meetings will be to listen to addresses on the various departments of medicine (we feel greatly relieved to find that there are to be no "orations"). The gentlemen who have been selected for this work represent very fairly the different sections of the country. Our western cities come in for a large share of the honors, and on this occasion will certainly have no cause to complain. We have no doubt that their representatives will reflect great credit upon them. We think it a matter of regret that Philadelphia has seen fit not to be represented upon the list. Surely such a programme could hardly be considered to display a fair sample of the profession of this country when the fountain-head of medicine has been omitted. It would also be most appropriate to give prominence in the congress to the city which entertains its members; moreover, we can ill afford to do without the services of so brilliant a constellation of stars as is to be found in that city. The selection of Dr. Austin Flint of New York for the address on medicine, of Dr. N. S. Davis of Chicago for an address on our medical institutions, and of Dr. Chaillé of New Orleans for the address on medical jurisprudence seem to us particularly happy, to say nothing of our distinguished home representative, Dr. Bowditch.

In the section work we find our eastern cities somewhat more prominent, but, what is of more importance for the success of the meetings, the various departments of science are well filled. The plan of the committee has been to assign subjects for discussion to each department, the debate to be opened by reporters appointed for the purpose, whose names appear in the programme, as will be seen by reference to another column. In order that these debates may be full and satisfactory, outlines of the reports will be given in the course of the spring.

We learn from this document but little of what part our foreign guests are going to take in the congress: were it not for the solitary announcement of an



address by Professor Hermann Lebert, of Breslau, we should have supposed that this feature of the programme had not been yet announced. The delay necessarily caused by correspondence carried on at great distances is doubtless sufficient reason for this lack of a foreign element, without which the congress could hardly lay claim to its title. It is not probable that this meeting will be so truly international in character as those which are yearly held in Europe; our isolated position places us at a disadvantage in this respect. Our colleagues, the ophthalmologists, have made extensive arrangements for their meeting in New York, and there is, we understand, every prospect of a large foreign attendance. We can but believe that the Philadelphia committee is equally able to accomplish its task. The energy which it has displayed in presenting so full and early an announcement gives us reason to hope that this feature will not be neglected, and that the congress will be numbered among the successful experiments of our centennial gathering at Philadelphia.

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#### TYPHOID FEVER AND POLLUTED MILK.

OUR recent English exchanges bring us the details of an extensive and serious epidemic of enteric fever whose cause has been traced to milk contaminated with sewage. The outbreak occurred at Eagley, a village in Lancashire. More than two hundred persons were attacked, and of these, fifteen died. The outbreak was sudden, and the symptoms were unmistakably those of enteric fever.

Upon investigation it was found that all those attacked derived their milk from a single dairy farm. In the houses where this milk was used the disease was very general, and whole families were prostrated in some cases; whereas in adjoining houses, where this milk was not used, there was complete immunity. Again, the disease appears to have selected in certain families those who were specially drinkers of milk.

With regard to the milk itself, it has been ascertained that it was of poor quality, and there is strong evidence that it was contaminated by water impregnated by "fæcal putridities." Mr. Robinson, the resident medical officer of health, has made a careful investigation of the facts connected with the outbreak, and his conclusions are, "First, that the milk from the suspected farm was the vehicle in which the fever-poison was conveyed to all the individuals attacked; and, secondly, that the poison was introduced into the milk either by the adulteration of it with water containing fecal matter or the germs of typhoid fever, or by washing the dairy utensils and milk-cans in water contaminated in like manner." No evidence was found, however, that water was purposely added to the milk, but it was ascertained that the utensils of the dairy were washed with water derived from a stream which was so polluted by fæcal matter as to be little better than a sewer. The question whether the water owed its virulent properties to fæcal matters in a certain stage of decomposition or to typhoid dejections infecting the stream is still undecided. The water supply of the village had no connection with the polluted stream, but was found on analysis to be pure and wholesome.

This, the latest and in some respects the most striking of the series of fever

epidemics which have been traced to infection of the milk-supply, bids fair to lead to uniform and systematic sanitary supervision of English dairy farms. The need of such precautions is as urgent in New England as it is elsewhere. In innumerable instances the water supply of farms is from surface wells so situated as to be polluted very readily by human excreta. In such cases, the contamination of wells may at any moment become a source of disease. It would be an interesting subject for investigation to inquire how far this polluted water, finding its way into milk, affects the health and lives of people remote from the source of the contamination. For example, is it not possible that a portion of the two thousand cases of enteric fever which annually occur in Boston owe their origin to the country milk, supplied as it is from the most varied sources? Certainly the cases occurring among those who reside permanently in the city, and whose water-supply is Lake Cochituate, would offer legitimate material for such an inquiry.

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#### THE MECHANISM OF FORCEPS DELIVERY.

In a paper published in the *Edinburgh Medical Journal* for February, 1876, Dr. J. Matthews Duncan protests against the pendulum movement in working the midwifery forceps. Reference is made only to the pendulum movement from side to side, the only one, so far as Dr. Duncan knows, recommended in recent times. The pendulum movement in a sagittal direction, as recommended by the early describers of the forceps operation, is still more open to objections than the former. In describing or defending the pendulum movement, two great points are made: first, that it is analogous to, or identical with, that of a lever and double rack; and, second, that by resorting to it there is an economy of force. Regarding the first hypothesis, it may be said that there is no toothed rack on the wall of the pelvis, nor any roughness to take the place of such a rack. Further, there are no teeth or roughness on the foetal head to fit into the teeth of the supposed rack. Pulling the head down at one side, and then at the other, and so advancing, is merely an injuriously complicated way of producing simple progress. The second hypothesis, that there is any saving of force so far as pressure on the mother's and child's parts is concerned, by resort to the pendulum movement, involves an absurdity. A certain amount of work has to be done; the head has to be advanced against resistance that must be overpowered if the effort is successful. Direct, uncomplicated traction does the work in the simplest way, and no complication of it by pendulum or other movement can diminish the amount of work expended below that required by simple traction. The pendulum movement necessarily involves an injurious amount of pressure, and consequent friction between the parts of the head to which the blades of the forceps are applied and the adjacent maternal structures. Usually this friction is so slight as to be of little moment. But in some cases when the resistance to progress arises from tight and undilatable soft parts, it may be very injurious. In the most important forceps cases, where the obstacle to progress arises from hard parts, the head has to be slowly dragged and perhaps

molded between the promontory of the sacrum and the pubic bones. In such cases the pendulum movement involves special evils and dangers; for by it there is necessarily produced, besides the trivial friction, which is most extensive at the points where the blades are applied, a violent and powerful squeezing of the soft parts between the head and the opposing pelvic bones on which the head works. If, for the carrying out of the pendulum movement, the forceps is made to compress the head so strongly as not to slip on it, then the points of the instrument, and especially the point of that blade which is on the side of the head towards which the movement is given, will exert a powerful and undesirable amount of pressure on the parts of the child's head or face which they touch. If, on the other hand, the blades do not press the head so tightly as to obviate a to-and-fro motion of them on the head, then the scalp will be liable to be much injured, and its surface abraded. There is in the mechanism of delivery, whether natural or morbid, nothing analogous to this artificially produced oscillating or pendulum movement. The use of the forceps is to contribute by artificial pulling to the strength of the natural expulsive efforts, which push. To this traction, judiciously applied, the practitioner should confine himself. The oscillatory movement will contribute nothing to the forward traction, and it is the forward traction which alone is desirable.

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#### MEDICAL NOTES.

—The Transactions of the Medical Society of the County of Erie, N. Y., contains a report of the fifty-fifth annual meeting, in January, 1876. The address of the president, Dr. John Cronyn, urges the necessity of a high standard of literary culture on the part of those who are to study medicine; of the raising of the standard of medical education in the schools; and of examinations so rigid as to leave no doubt of the fitness of those who pass them to practice medicine. A report is also given from the "primary board," which examines candidates for the study of medicine and gives certificates to such as are deemed to possess a proper preliminary education therefor. The pamphlet contains an essay by Dr. Howe on the operation of tattooing the cornea.

—The volume of Transactions of the Colorado Medical Society at its third and fourth annual sessions, June, 1874, and June, 1875, shows that the society is composed of members who are active, though not numerous. Papers are published on blood-letting, phthisis, gynecology, and climatology. As Colorado is one of the popular health resorts at the present time, particularly for those suffering from pulmonary diseases, it is somewhat interesting to read the report on climatology made by Dr. T. E. Massey, of Denver. He writes that it is doubtless true "that to healthy men and women the climate of Colorado contributes *nothing*, save passing variety and exhilaration. That it is promotive of average longevity is more than questionable. . . . The wrinkled skin of middle-aged men, and the tallow-faces of youngish maids and matrons, are most significant that the *drying process* of this elevated region is promotive of neither longevity nor beauty. If consumptives, asthmatics, and miasmatics flourish and

apparently get a longer lease of life, that fact admitted does not prove that those of healthy genesis would not live longer elsewhere. . . . The peculiarities of a climate that apparently protracts the days of a consumptive seem to be precisely those that prematurely *age* the generally healthy." Dr. Massey claims that in all disorders of malarial origin the benefits of the air of Colorado are much more marked than in consumption.

— In the annual report of the Surgeon-General of Massachusetts we find some useful hints in regard to sanitary measures to be taken at the camping grounds of the State at South Framingham. It is urged that before any expenditure for ornamentation is made, a purer supply of water should be provided for by placing concrete pavements about each well, thus preventing the absorption of deleterious matter, which in the opinion of some of the medical officers is one of the causes of the frequency of diarrhœa. A suitable receptacle should also be provided, of sufficient capacity to receive the garbage of the several encampments, the contents of which should be put to the same use as that from the sinks, in fertilizing the grounds. There were not a few complaints made last year as to the cleanliness of the camp, and this evil could be readily abated and the sanitary condition of the camps much improved if some officers would pay less attention to medical politics and give more energetic support to the recommendations of the medical staff.

— The report of the board of managers and superintendent of the State Lunatic Asylum of Texas, for the fiscal year 1875, shows that there remained in the hospital at the opening of the year one hundred and twenty-seven patients; during the year there were admitted ninety; discharged, restored thirty-three, improved nineteen, incurable two; two escaped, and nine died; there were remaining, September 30, 1875, one hundred and fifty-two. Dr. D. R. Wallace, in his report as superintendent, says it is much to be regretted that, as a rule, the insane are not placed under hospital treatment as promptly in Texas as in the older States, and consequently complete restoration to health, if attainable, requires a much longer time than would be needed if the patients were sent earlier to the asylum. He earnestly combats the popular notion of the spiritual and functional character of mental derangement, and holds that it is a purely bodily disease, having as organic lesions changes in the condition of the brain or its membranes. "Grappled at once, as soon as its fell presence is recognized [it] is of all grave maladies one of the most curable." As a therapeutic agent, the chloride of ammonium is largely used in the Texas asylum. The statement is made that the persevering use of the drug has been attended with the happiest results, and has been credited with being instrumental in restoring to health several cases regarded as hopelessly incurable.

— The committee who have in charge the preparation of a suitable memorial to the late Dr. Samuel Gridley Howe, the philanthropist and peculiar friend of the blind, propose to procure a fund for the purpose of printing in raised type a short memoir of their earnest friend and benefactor, for gratuitous distribution to such blind persons as cannot afford the expense of a copy. For this purpose the committee ask all friends of the blind, as well as those of Dr. Howe, to contribute such sums as they may see fit.

Should the amount contributed exceed the expense of printing the memoir

in raised type, the balance will be set aside to form a nucleus of a fund to be called "The Howe Printing Fund," at our Institution for the Blind.

Such a fund is very much needed, as the institution has no money for printing purposes, and since its foundation has been able to print for the blind about thirty different works only, comprised in forty-seven volumes, which confines our pupils and the educated blind to a very narrow range of literature.

## MASSACHUSETTS GENERAL HOSPITAL.

### SURGICAL CLINIC.

[SERVICE OF S. CABOT, M. D.]

*Stricture of the Urethra.* — CASE I. H. B. W., aged forty-two, entered the hospital December 15th. For the past six years he has suffered from a stricture of the urethra, which followed repeated attacks of gonorrhoea. He was in the hospital last April, when he was treated by gradual dilatation, and was discharged with a good-sized urethra, and directed to continue the use of a bougie. This he did for two or three weeks, but then failed to pass the instrument, and has since been unable to do so. His stream of urine has steadily decreased in size, and is now very small and forked. A large sound is arrested about three inches from the meatus.

December 18th. An attempt was made to pass a bougie-guide to a Voilemier's dilator. This passed the first stricture successfully, but was arrested by a second one in the neighborhood of the membranous urethra. A Holt's dilator met with a like obstruction, and the effort was abandoned. That afternoon the patient had a slight chill, and another on the following morning, but there were no other serious symptoms.

December 22d. A Voilemier's bougie-director passed easily into the bladder and was tied in. The patient was then etherized, the dilator passed, and the strictures ruptured. A large-sized soft-rubber catheter was tied in.

On the following day the patient was quite comfortable, with no chill or other unpleasant symptom.

December 27th. There being some urethritis, the catheter was removed. From this time the man made a good recovery, his only trouble being from chordee at night, which was relieved by lupulin and bromide of potash.

January 13th. The urethra admitted a No. 23 French bougie, and the patient was discharged, with directions to pass an instrument from time to time.

CASE II. T. G. O., aged thirty-four, entered December 30th. He has had gonorrhoea several times. In 1861, after an obstinate attack, he noticed his stream becoming progressively smaller; at times it would stop entirely, when he would thrust pieces of wood into the urethra till they were stopped by the stricture. This proceeding usually relieved the retention. Eighteen months ago a urinary abscess formed and broke, leaving several fistulous openings through the upper part of the scrotum, which became and still continues much swollen. About one half of the urine now passes through the fistulae. As in the last case, there are two strictures, one about three inches from the meatus and one just in front of the prostate. Small bougies pass the anterior stricture quite easily, but are always arrested at the posterior one.

January 20th. A No. 10 French bougie was passed into the bladder.

January 22d. The Voilemier's guide was passed and tied in. The patient was then etherized and the stricture divulsed. A No. 23 soft-rubber catheter was left in. At night the patient had a good deal of pain of a straining character, which was relieved by a suppository containing a quarter of a grain of extract of belladonna and a grain of opium.

January 24th. There was some discharge of pus from the fistula, and the scrotum was quite hard and tender. This condition quickly subsided under a poultice.

January 28th. The catheter was removed, and the patient was able to pass a good stream.

February 2d. A slight cellulitis of the scrotum again appeared, but was soon relieved by warm fomentations. After this the fistulae rapidly closed, the urine all passing by the urethra.

February 25th. One very small opening alone remained, and the patient was discharged at his own request.

*Cystitis.* — CASE I. H. H., aged fifty, entered November 12th. For the past five years he has been troubled with pain in the perinæum, over the pubes, and at the end of the penis. At times he has had retention requiring catheterization. He is annoyed by a constant desire to micturate, and can hold his water for two hours only at a time. Upon examination no calculus is found. The prostate is somewhat enlarged. Urine contains considerable pus, but is otherwise normal. Ordered the following three times daily: —

By Potassæ citratis . . . . .	grs. xv.
Infusi buchu . . . . .	3 ij.

His bladder is washed out morning and night, through a double current catheter, with warm water followed by infusion of buchu, one-half strength.

November 14th. The urine is much clearer. The patient has but little pain, and can hold his water twice as long as at the time of entrance.

November 18th. The patient micturates no oftener than he did when in health. When the catheter is used immediately after urination, about an ounce of residual urine is found.

From this time the pus gradually disappeared from the urine, and the bladder regained its power of entirely emptying itself. The pain was entirely relieved.

November 29th. Examination shows that the urine first passed contains a few shreds of pus, that passing afterwards being clear. The prostate is still enlarged. The patient is discharged, with directions to inject about two ounces of Sir Henry Thompson's solution morning and night, leaving it in the bladder.

CASE II. W. W., aged sixty-nine, entered December 3d. Ten months ago complete retention of urine came on suddenly. This was relieved at the time by the catheter. For nine months the catheter was used once a day. For the past month the patient has had no treatment; he has been troubled by frequent micturition (as often as once an hour), and has constant dull pain in the perinæum and frequently pain of a bearing-down character over the pubes. The

prostate is somewhat enlarged. No stone is discovered. The urine contains considerable pus. The catheter, passed immediately after micturition, procures about four ounces of residual urine.

December 4th. The bladder is washed out twice a day with warm water, followed by infusion of buchu in two parts of water.

December 6th. The bladder, after being washed out with infusion of buchu (one-third strength), is injected with Sir Henry Thompson's solution of carbolic acid, three or four ounces of which are left in the bladder.

December 8th. The patient urinated only five times in the night. There is much less pain.

December 13th. The bladder still being unable to empty itself, the patient was instructed to use a soft-rubber catheter whenever he felt a desire to micturate, and after emptying the bladder to inject a small quantity of Sir Henry Thompson's solution. He required the use of the catheter five times only in the twenty-four hours. At this time the injections with infusion of buchu were stopped. The urine contains very little pus, and the pain is almost wholly relieved.

January 6th. There is a slight return of pain, which is relieved by resuming the injections of infusion of buchu.

January 21st. The patient is discharged, entirely relieved of his acute symptoms, but still requiring the use of the catheter to prevent an accumulation of urine in the bladder, which no doubt formed a considerable pouch behind the prostate.

A. T. CABOT.

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#### LETTER FROM PHILADELPHIA.

MESSRS. EDITORS,—The "preliminary programme" of the International Medical Congress has just been issued in the form of a circular. It announces that at the general meetings of the congress addresses will be delivered as follows: on medicine by Prof. Austin Flint, of New York; on hygiene and preventive medicine by Dr. Henry I. Bowditch, of Boston; on surgery by Prof. Paul F. Eve, of Nashville; on Obstetrics by Professor Theophilus Parvin, of Indiana; on medical chemistry and toxicology by Prof. Theodore G. Wormley, of Columbus, Ohio; on medical biography by J. M. Toner, M. D., of Washington, D. C.; on medical literature by Prof. Lunsford P. Yandell, of Louisville, Ky.; on medical education and medical institutions by Prof. Nathan S. Davis, of Chicago; on mental hygiene by John P. Gray, M. D., Superintendent of the State Lunatic Asylum, Utica, N. Y.; and on medical jurisprudence by Prof. Stanford E. Chaillé, of the University of Louisiana. Prof. Herman Lebert, of Breslau, Germany, will deliver an address on a subject not yet announced.

Discussions on scientific subjects will be opened in the sections on the following questions by the gentlemen named in connection therewith:

Section I., Medicine. (1.) Typho-malarial fever; is it a special type of fever? Dr. J. J. Woodward, United States Army. (2.) Are diphtheritic and pseudo-membranous croup identical or distinct affections? Dr. J. Lewis Smith, of New York. (3.) Do the conditions of modern life specially favor the development of nervous diseases? Prof. Roberts Bartholow, Medical College of



Ohio. (4.) The influence of high altitudes on the progress of phthisis. Dr. Charles Denison, of Denver, Col.

Section II., Biology. (1.) Microscopy of the blood. Prof. Christopher Johnston, University of Maryland. (2.) The excretory function of the liver. Prof. Austin Flint, Jr., of New York. (3.) Pathological histology of cancer. Prof. W. S. Arnold, of New York. (4.) Mechanism of joints. Prof. Harrison Allen, of Philadelphia.

Section III., Surgery. (1.) Antiseptic surgery. Prof. John T. Hodgen, of St. Louis. (2.) Medical and surgical treatment of aneurism. Prof. William H. Van Buren, of New York. (3.) Treatment of coxalgia. Prof. Lewis A. Sayre, of New York. (4.) The causes and geographical distributions of calculous diseases. Dr. Claudius H. Mastin, of Mobile, Alabama.

Section IV., Dermatology and Syphilology. (1.) Variations in type and in prevalence of diseases of the skin in different countries of equal civilization. Prof. James C. White, of Boston. (2.) Are eczema and psoriasis local diseases, or are they manifestations of constitutional disorders? Dr. Lucius Duncan Bulkley, of New York. (3.) The virus of venereal sores; its unity or duality. Prof. Freeman J. Bumstead, of New York. (4.) The treatment of syphilis, with special reference to the constitutional remedies appropriate to its various stages; the duration of their use and the question of their continuous or intermittent employment. Prof. E. L. Keyes, of New York.

Section V., Obstetrics. (1.) The causes and treatment of non-puerperal hemorrhages of the womb. Prof. William H. Byford, of Chicago. (2.) The mechanism of natural and of artificial labor in narrow pelvis. Prof. William Goodell, of Philadelphia. (3.) The treatment of fibroid tumors of the uterus. Dr. Washington L. Atlee, of Philadelphia. (4.) The nature, causes, and prevention of puerperal fever. Prof. William T. Lusk, of New York.

Section VI., Ophthalmology. (1.) The comparative value of caustics and astringents in the treatment of diseases of the conjunctiva and the best mode of applying them. Prof. Henry W. Williams, of Boston. (2.) Tumors of the optic nerve. Dr. Hermann Knapp, of New York. (3.) Orbital aneurismal disease and pulsating exophthalmia; their diagnosis and treatment. Prof. E. Williams, of Cincinnati. (4.) Are progressive myopia and posterior staphyloma due to hereditary predisposition, or can they be induced by defects of refraction acting through the influence of the ciliary muscle? Dr. E. G. Loring, of New York.

Section VII., Otology. (1.) Importance of treatment of aural diseases in their early stages, especially when arising from the exanthemata. Dr. Albert H. Buck, of New York. (2.) What is the best mode of uniform measurement of hearing? Dr. Clarence J. Blake, of Boston. (3.) In what percentage of cases do artificial drum-membranes prove of practical advantage? Dr. H. N. Spender, of St. Louis.

Section VIII., Sanitary Science. (1.) Disposal and utilization of sewage and refuse. Dr. John H. Rauch, of Chicago. (2.) Hospital construction and ventilation. Prof. Stephen Smith, of New York. (3.) The general subject of quarantine, with particular reference to cholera and yellow fever. Dr. J. M. Woodworth, United States Marine Hospital Service. (4.) The present

condition of the evidence concerning "disease-germs." Dr. Thomas E. Satterthwaite, of New York.

Section IX., Mental Diseases. (1.) Microscopical study of the brain. Dr. Walter H. Kempster, Hospital for the Insane, Oshkosh, Wis. (2.) Responsibility of the insane for criminal acts. Dr. Isaac Ray, of Philadelphia. (3.) Simulation of insanity by the insane. Dr. C. H. Hughes, of St. Louis. (4.) The best provision for the insane. Dr. C. H. Nichols, Superintendent of the Government Hospital for the Insane, Washington, D. C.

Gentlemen who intend to make communications upon scientific subjects, or to participate in any of the debates, are requested by the circular to notify the commission before the first of August, in order that places may be assigned them on the programme.

The circular also states that "in order to facilitate debate there will be published on or about June 1st outlines of the opening remarks by the several reporters." Copies may be obtained on application to the corresponding secretaries (whose names and addresses were mentioned in my letter published in your issue of January 6th). The following information, not heretofore published, is also given: "The volume of transactions will be published as soon as practicable after the adjournment of the congress." The public dinner of the congress will be given on Thursday, September 7th, at 6.30 P. M. The registration fee (not required from foreign members) has been fixed at ten dollars, and will entitle the member to a copy of the transactions of the congress.

Jaccoud, Secretary of the International Medical Congress in Paris, and Strohmeier (of Göttingen, I believe) will attend the congress. Funds are being raised in London for the purpose of erecting a bust of Strohmeier in celebration of his semi-centennial doctorate. Jaccoud of Paris, Schnitzler, secretary of the medical congress in Vienna, Virchow of Berlin, and one leading medical man in every prominent country in the world, some thirty or forty in all, have been requested to act as honorary local corresponding secretaries, and furnish the medical commission with lists of the principal medical societies in their respective countries which ought to be invited to send delegates to the congress. The committee on invitations have just sent personal invitations to the number of six hundred to the most distinguished medical men abroad.

The commission has issued a printed note which states that the time allotted for the reading of papers before the sections is limited to thirty minutes (a most sensible decision), and which requests that the heads of essays or of opening remarks be forwarded to the committee of arrangements before May 20th. It also requests a summing up, at the close of each paper, of the views embodied in it, by such conclusions or propositions as can be voted upon separately in the proper section and afterwards reported to the congress. A copy of this note will be addressed to each of the gentlemen who will open discussions in the sections. The congress will meet in the hall of the university buildings. For further details I will refer your readers to my letter in the *JOURNAL* of January 6th ult.

It pains me to tell you that Dr. John S. Parry, whose work on Extra-Uterine Pregnancy received such kindly notice in a recent number of the *JOURNAL*, died of consumption a few days ago in Florida. He was a genial, true-souled gentleman and a valuable member of the profession, and his death, which

to our human judgment seems sadly premature, is deeply regretted by his many warm friends.

The yearly commencements of the various medical schools of Philadelphia, which always take place in March, passed off successfully. The University Medical School graduated one hundred and twenty-four men (including one from Massachusetts), and distributed several prizes. Jefferson College gave diplomas to one hundred and forty-six graduates, and awarded seven valuable prizes. Prof. William H. Pancoast delivered an eloquent valedictory, and Dr. Addinell Hewson, on behalf of the alumni, presented the trustees of the college with a life-like, half-length portrait, in oil, of the late Professor Dunglison. On the previous evening Dr. J. M. Toner, of Washington, read a lecture before the Jefferson alumni upon The Medical Department and Surgeons of the Revolution. Dr. Toner had given years to the collection of statistics for this valuable and elaborate essay, and I trust it will soon be published. Every American physician should own a copy of it. The Women's Medical College conferred degrees upon twelve graduates. The valedictory was delivered by Prof. Emeline H. Cleveland, and included the following: "In seeking society-memberships you will not obtrude yourselves where your presence would be considered obnoxious. Your womanly delicacy would forbid. The time has arrived, however, when, if worthy and reputable as physicians, you may be admitted without objection to county and state organizations in some of the most enlightened of our communities. In Rhode Island, New York, Ohio, Michigan, Iowa, and California, women are members of important medical societies, in some even holding official positions. Whenever practicable you will ask admission to such organizations in your various localities as may be worthy of your membership. You will thus show to the profession your desire to conform to all ethical rules and to keep yourselves in position for constant growth."

The College of Pharmacy graduated one hundred and four men, and the Hahnemann Medical College fifty-seven. From the valedictory of Professor Farrington of the latter school I make the following extract: "Remain true to your cause. You cannot, while believing in a science (?) whose therapeutics are diametrically opposed to those of any other school, adopt an eclectic method in practice, pretending to sift the good from all, and thus live a deception, without misleading those who summon you as homœopathists. In a forensic sense, I believe you to be accountable before the law if after specializing your system you forsake it in actual practice and resort to other methods. And why not? Is he who buys and sells under false pretenses to be amenable to the law and you be allowed to traffic in men's lives and go unpunished? If you have not implicit confidence in your law of cure, renounce it publicly. This would have the merit of being at least manly." This is a cap which would fit many a homœopathic head.

The generous donation of five thousand dollars by Mrs. Mutter, widow of the late distinguished professor of surgery in Jefferson Medical College, will establish a "Mutter bed" in the hospital of the college now in process of erection.

In the women's pavilion at the Centennial Exhibition there will be displayed

a complete series of pharmaceutical preparations made exclusively by the Women's Medical College.

Jefferson College and the University Medical School will open their summer sessions during the coming week. The prospectus of each school includes a very full list of subjects, and all earnest students will find these courses interesting and instructive.

The examination of candidates for the position of resident physician at the Philadelphia Hospital took place last week. There are twelve annual vacancies at this hospital. The residents must be graduates (reversing the rule which is followed in Boston hospitals), and the candidates commonly offer themselves directly after graduation. This spring there were twenty-one candidates: ten from the university, seven from Jefferson, and four from other colleges. The medical board appointed three of their number as examiners, and the president announced that the same number and same kind of questions would be asked each applicant, and that the time given to each examination was not to exceed four minutes. After the examination, the names of the applicants with their averages attached are sent to the board of guardians of the poor, and the twelve who have the highest average are elected as resident physicians to the Philadelphia Hospital, which is in reality an almshouse institution.

A former druggist of this city, having amassed a fortune, determined to erect in one of the suburbs a mansion which should contain every possible comfort, and to which he would retire to enjoy his honest means during the remainder of his days. He had somehow heard that over the entrance to a retreat erected with similar intentions were the words "otium cum dignitate." He knew the English of this expressive phrase, but, as the sequel shows, was not so sure of the Latin, for over his door was painted, in brave array, "opium cum digitale."

X.

PHILADELPHIA, March 21, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING MARCH 13, 1876.

	Estimated Population.	Total Mortality for the Week.	Annual Death-Rate per 1000 during Week.
New York . . . . .	1,060,000	619	30
Philadelphia . . . . .	800,000	402	26
Brooklyn . . . . .	500,000	212	21
Boston . . . . .	342,000	158	24
Providence . . . . .	100,700	33	17
Worcester . . . . .	50,000	10	11
Lowell . . . . .	50,000	14	15
Cambridge . . . . .	48,000	27	29
Fall River . . . . .	45,000	6	8
Lawrence . . . . .	35,000	13	19
Lynn . . . . .	33,000	9	15
Springfield . . . . .	31,000	7	12
Salem . . . . .	26,000	12	24

Normal Death-Rate, 17 per 1000.

**MESSEES. EDITORS.**—Some pertinent statements have been made in the *JOURNAL* lately in regard to the appointment and the duties of coroners, and it is very satisfactory to see this subject brought to the attention of the profession and the public through the influential pages of the *JOURNAL*. Yet with all that has been said, few are aware of the positively bad standing and character of many of the individuals who hold this important office. Of the thirty-five coroners in Boston it is safe to say that nearly one half of the number are of such standing that they can reflect no credit on their profession or upon any position to which they might be appointed.

Any one knowing the antecedents of those holding this office in Boston will be convinced of this by an inspection of the list of coroners for Suffolk County. The fact that one of these officials has been charged with malfeasance and perversion of his office, another with embezzlement and fraudulent insurance, that two others in times past have been indicted for procuring abortions, that one is now under indictment for adultery and blackmail, and that another has frequently been arrested for drunkenness and disorderly conduct, and that in each instance they have escaped justice by means best known to themselves, speaks volumes in regard to the character of the influence that secured their appointments and that retains them in office.

The abuse of their position of which some of these men have been guilty is notorious, and as it is only by the true state of things becoming known that an improvement can be hoped for, I hope that the influence of the *JOURNAL* may continue to be directed towards securing the reform of this great evil.

A.

**MESSEES. EDITORS.**—Dulcamara asks in reference to the case of depressed fracture of the skull, reported in the *JOURNAL* of February 24th, whether the vomiting, vigilance, and paralysis would not indicate a collection of fluid beneath the dura mater which would require an incision. Had there been any bulging of the dura mater pointing to a circumscribed collection of fluid, an incision might have been called for, but in the absence of such special indication the general symptoms would not warrant an exploratory operation.

The pus found at the autopsy was in a thin, diffused inspissated layer, showing a general suppurative inflammation of the membranes, which could not have been relieved by an incision.

S. CABOT.

**ERRATUM.**—On page 312 of the *JOURNAL* for March 16th, in the sixth line, for *New York Medical Journal* read *American Journal of Obstetrics*.

**BOSTON SOCIETY FOR MEDICAL OBSERVATION.**—The annual meeting will be held on Monday evening, April 3d, at eight o'clock; the annual election of officers will be held. Dr. J. S. F. Bush will read a paper on Stricture of the Urethra.

The profession is warned against a Dr. Doudney, pretending to have a letter from Dr. Frank H. Hamilton of New York, also one from a clerical friend. He is thirty years old, and has an English accent. We are authorized to say that he is an impostor.

**BOOKS AND PAMPHLETS RECEIVED.**—Preliminary Report of the Mortality Experience of the Mutual Life Insurance Company of New York from 1843 to 1874. By G. S. Winston, M. D., and E. J. Marsh, M. D.

A Short History of Natural Science for the Use of Schools and Young Persons. By Arabella B. Buckley. With Illustrations. New York: D. Appleton & Co. 1876. (From A. Williams & Co.)

Memoir and Correspondence of Caroline Herschel. By Mrs. John Herschel. With Portraits. New York: D. Appleton & Co. 1876. (From A. Williams & Co.)

A Case of Pseudo-Hypertrophic Muscular Paralysis. By C. T. Poore, M. D. (Reprinted from the *New York Medical Journal*, March, 1876.)

Reports of the Medical Officer of the [British] Privy Council and Local Government Board. New Series. Nos. IV., V., and VI. 1875. (From Dr. Sutton.)

Legal Chemistry. A Guide to the Detection of Poisons, Examination of Stains, etc., as applied to Medical Jurisprudence. Translated, with Additions, from the French of A. Naquet, Professor of the Faculty of Medicine, Paris, by J. P. Batygershall, Nat. Sc. D. With a Preface by C. F. Chandler, Ph. D., M. D., LL. D. New York: D. Van Nostrand. 1876.

Ninth Annual Report of the Board of Trustees and Officers of the Minnesota Hospital for the Insane, for the Year ending November 30, 1875.